

The Importance of Promoting Healthful Behavior Among Pregnant Women

Although infant mortality in this country is lower than it has ever been, there has been relatively little change in birth weight distribution over the past 15 years. The lower the birth weight, the greater the infant's chances of death, serious congenital anomalies, or other serious impairments. Therefore, further progress in improving infant mortality rates and infant health will largely depend on a reduction in the incidence of low birth weight infants. At the time of the publication of "Healthy People," the infant mortality was 13.2 per 1,000 live births. By April 1982, it was 11.1. The goal by 1990 is 9.

This reduction in infant mortality is one of the Surgeon General's Health Objectives for the nation. More than 500 individuals and organizations from both the private and government sectors helped to decide on these objectives. Achieving them will require action by all sectors of American society. Not only health professionals and their patients but also industry and labor, voluntary associations, schools, churches, consumer groups, health planners, and public officials have an important role to play.

This is especially true for the objective of improving infant health. Given current medical knowledge, high quality prenatal care beginning early in pregnancy holds the great-

est promise for improvement. This care includes counseling the pregnant woman about the effects on her baby of diet, smoking, alcohol, and medications and encouraging her to make necessary changes in her health behavior to help assure a healthy baby. Motivating the pregnant woman to make these sometimes difficult changes requires counseling by her health care provider, but it also requires community action and family support to help her to sustain changes in health behavior.

The most striking difference in birth weights of U.S. infants is that between black and white babies. Black infants are about two and one-half times as likely as white infants to be of very low birth weight (1,500 grams or less), and two times as likely to be of low birth weight (2,500 grams or less).

Many factors contribute to such differences, including personal health habits. For example, maternal smoking and alcohol consumption, associated with reduced birth weight, are more common among women with fewer than 12 years of education. We need better methods of reaching these women, and we must persuade their health care providers to do more to encourage their patients' healthful behavior.

The Surgeon General's Workshop on Infant Mortality in December 1980 set the stage for action to improve infant health. Out of that workshop came a call for concerted

effort that resulted in the formation of the Healthy Mothers, Healthy Babies Coalition. The coalition has more than 50 national members, including health professional, voluntary, and governmental agencies, joined to increase the public understanding of health risks to pregnancy and to motivate pregnant women and women planning a pregnancy to take action to protect their health, obtain regular prenatal care, and seek other assistance when needed. This issue of *Public Health Reports* includes a description of the coalition and its plans to work together through regional, State, and community channels. For this Department, it is especially appropriate that we participate fully in coalition activities as one facet of our strong commitment to health promotion and disease prevention. A list of coalition members appears on page 509. I strongly encourage the readers of this journal to contact one of these groups to become a part of this important public health effort. The future good health of this nation depends upon the health of its children. And they depend on us.

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